

Sponsors Name _____

SSN _____

(NOTE: Dependents complete Section 5 and also complete either Section 1, 2, 3, or 4 on Sponsor.)

The above data is required on the status of each applicant. If you fit under more than one category, you may so indicate. Abbreviations not commonly known will not be used and will result in the return of the application.

I have received a copy of the Constitution, By-Laws, and Flight Regulations and will abide by them if my application is accepted.

I understand that I am obligated to pay monthly dues until I notify the secretary, in writing, thirty (30) days prior to my resignation.

Date Submitted

Signature of applicant

Please attach a photocopy of your license and medical certificate.

Regular Member

\$50.00 USNA Initiation Fee Paid	\$ _____	Date _____
\$20.00 Month or \$195.00 Year Fee Paid	\$ _____	Date _____
\$25.00 Self-Insurance Fee Paid	\$ _____	Date _____

Midshipmen

\$50.00 USNA Initiation Fee Paid	\$ _____	Date _____
\$15.00 Month or \$100.00 Year Fee Paid	\$ _____	Date _____
\$25.00 Self-Insurance Fee Paid	\$ _____	Date _____

Date

Approved By

- (1) A telephone check is made before the application is processed. If the telephone numbers supplied with this application are inoperative or if the person answering the telephone has no knowledge of the applicant, the application is not processed.